



**Benefits & You!**  
Employee Relations Department

**DEFERRED RETIREMENT OPTION PROGRAM  
SICK LEAVE CONVERSION ELECTION FORM**

☐

YES, I wish to continue converting any eligible portion of my accrued sick leave to annual leave on my leave anniversary date in accordance with the provisions of the Miami-Dade County Leave Manual and applicable Collective Bargaining Agreement.

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NO, I do not wish to convert any eligible portion of my accrued sick leave to annual leave on my leave anniversary date in accordance with the provisions of the Miami-Dade County Leave Manual.

**IMPORTANT:** I understand that my above election will remain in effect unless I make a written request to the Director of the Administrative Services Division, Employee Relations Department at least 4 pay periods prior to my Leave Anniversary Date.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date